

APPOINTMENT CERTIFICATION FORM
FOR
SKILLED SERVICE AND PROFESSIONAL SERVICE APPOINTMENTS
(Attach this form to Form MS-310 when submitting appointment to DBM/OPSB)
(This information must be provided.)

Name of Department/Agency: _____

Classification Title and Code: _____

Position Identification Number: _____

Project Number: _____ (See Sections IV and V)

- I. PLEASE COMPLETE THIS SECTION FOR ALL APPOINTMENTS (All items MUST be completed.)
- A. Layoff candidate(s) cleared? ☐ Yes ☐ No (No Layoff candidates)
- B. If Interview and Hire, was DHR contacted for Temporary Cash Assistance (TCA) referrals? ☐ Yes ☐ No
- C. Selection made from the list of eligible candidates in accordance with SPPA Section 7-209 ☐ Yes ☐ (NA).
If Not Applicable, please explain below under COMMENTS.
- D. Date at the top of the Eligible List or Register:
- E. Date of the Position Selection Plan Update or the date of Position Selection Plan Lite:
- F. Number of phone calls made/interview letters sent:
- G. Date of phone calls or letters:
- H. Number of candidates interviewed: ____ If more than zero (0) and less than three (3) candidates are interviewed, please explain in the COMMENTS section below.
- I. Date employment offer made:
- J. Name of person selected:
- K. Social Security Number:
- L. This person is an *open* candidate _____. This person is a *promotional* candidate _____.
This person was employed by a State Agency but is not a promotional employee _____.

COMMENTS:

- II. PLEASE PLACE A CHECKMARK IN THE APPROPRIATE COLUMN(S) (*Checkmarks must be entered in appropriate columns.*)

- | <u>DBM</u> | Appointing Authority
or <u>Department</u> |
|-----------------------------|--|
| A. <input type="checkbox"/> | <input type="checkbox"/> Developed test. |
| B. <input type="checkbox"/> | <input type="checkbox"/> Administered test. |
| C. <input type="checkbox"/> | <input type="checkbox"/> Established eligible list. |
| D. <input type="checkbox"/> | <input type="checkbox"/> Created a Register. Number of candidates on the Register _____. (A Register contains between 3 and 9 candidates. <i>Attach copy of the Register to this form.</i>) |

- III. PLEASE PLACE A CHECKMARK BY THE METHOD USED TO FILL THE ABOVE VACANCY (*One of these methods must be checked.*)

- A. ☐ Hired from a tested category on an eligible list as a "Best Qualified" candidate.
- B. ☐ Hired from a tested category on an eligible list as a "Better Qualified" candidate.
- C. ☐ Hired from a tested category on an eligible list as a "Qualified" candidate.
- D. ☐ Layoff or separation reinstatement candidate selected.
- E. ☐ Other reinstatement candidate selected.
- F. ☐ Candidate certified by the Division of Rehabilitation Services.
- G. ☐ Transfer candidate eligible for appointment selected (Layoff or separation candidates, if any, cleared).
- H. ☐ Interview and Hire classification (Layoff or separation, if any, cleared).
- I. ☐ Appointment from a Register.
- J. ☐ Selection from an existing eligible list of a contractual employee not eligible for conversion under the Contractual Conversion Transfer Guideline.
- K. ☐ Other (please specify) _____

IV. PLEASE PLACE A CHECKMARK IN THE COLUMN TO INDICATE THAT THE AGENCY PERFORMED THE FUNCTION. **Note that items A, B, and C must have been performed. (Also either item D or item E must be checked.)**

- A. x Position Selection Plan completed in accordance with SPPA.
- B. x Position Selection Plan approved by Appointing Authority.
- C. x Position Selection Plan sent to Equal Employment Opportunity Officer of Unit.
- D. Position Selection Plan Update received from OPSB for projects involving doing a new recruitment and testing project to establish list or augment existing list.
Project Number _____. **Copy is attached. Section V MUST be completed.**
- E. Decentralized Position Selection Plan for filling vacancy using an existing list, by transfer, reinstatement, voluntary demotion or Interview and Hire. **Copy is attached. Do not complete Section V.**

V. PLEASE PLACE A CHECKMARK BESIDE ALL OF THE STATEMENTS THAT YOUR AGENCY PERFORMED. *(This section must be completed if a recruitment and examination project was done.)*

The following section does not have to be completed if the selection was made from an existing eligible list or by transfer, reinstatement or reassignment.

- ☐ Job Announcement and Selection Plan sent to DBM/OPSB one (1) week **before** posting job announcement.
- ☐ Job Announcement posted at least two (2) weeks before deadline.
- ☐ Job Announcement sent to all appropriate agencies based on Selective Qualifications and/or Limitations on Selection.
- ☐ Position Selection Plan Update form received from OPSB for projects involving establishing a new list, or adding candidates to an existing list. Project Number _____.
- ☐ Notice sent to applicants who fail to meet minimum qualifications.
- ☐ Notice sent to candidates at least 10 days before test administration date (when applicable).
- ☐ Established job relatedness, reliability, and validity of the selection test(s).
- ☐ Veterans', seniority, and State resident points and/or DOC or DJJ points (if applicable) added to candidates' converted scores.
- ☐ Eligible list established with candidates in the legally required order.

VI. CERTIFICATION AND SIGNATURES *This section must be completed and include all signatures. Failure to do so may result in the appointment being rescinded.*

We certify that this recruitment and testing project and/or appointment was made in accordance with the applicable provisions of the State Personnel and Pensions Article. All appropriate records (i.e. applications, job announcements, test materials, etc.) will be maintained for audit purposes.

Appointing Authority: _____ Signature*: _____ Date: _____

EEO Officer: _____ Signature*: _____ Date: _____

Contact Person: _____ Date: _____

Telephone Number: _____ E-mail address: _____

***Signatures of Appointing Authority and EEO Officer must be original signatures. If not, please check the box below and explain.**



FOR OPSB STAFF Date Received: _____ Approved by: _____ Date: _____